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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1"> <tr><td>Application Number</td><td>10/734668</td></tr> <tr><td>Filing Date</td><td>12/11/2003</td></tr> <tr><td>First Named Inventor</td><td>William F. Sherman</td></tr> <tr><td>Art Unit</td><td>2654</td></tr> <tr><td>Examiner Name</td><td>To be assigned</td></tr> <tr><td>Attorney Docket Number</td><td>100685.0004US1</td></tr> </table>	Application Number	10/734668	Filing Date	12/11/2003	First Named Inventor	William F. Sherman	Art Unit	2654	Examiner Name	To be assigned	Attorney Docket Number	100685.0004US1
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I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:

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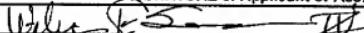
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I am the:

 Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)***SIGNATURE of Applicant or Assignee of Record**Signature 

Name William F. Sherman, IV

Date 5 Sept '07 Telephone (949) 888-5262

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.

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